Docket No. LS/0028.01

PTO/SB/01A (10-00) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named in	ventor(s), I/we declare that:	
This declaration is direc	cted to:	
X	The attached application, or	
		, filed on,
	•	(if applicable);
	as amended on	(ii applicable);
I/we believe that I/we a which a patent is soug		ntor(s) of the subject matter which is claimed and for
	nd understand the contents of the ndment specifically referred to ab	e above-identified application, including the claims, as bove;
to me/us to be mater became available bety	rial to patentability as defined	ates Patent and Trademark Office all information known in 37 CFR 1.56, including material information which application and the National or PCT International filing and
belief are believed to false statements and t	be true, and further that these	e true, all statements made herein on information and statements were made with the knowledge that willful imprisonment, or both, under 18 U.S.C. 1001, and may ssuing thereon.
FULL NAME OF INVE	NTOR(S)	
Inventor one: Will	iam G. Swinton	
Signature:		Citizen of: U.S.
Inventor two: Eric	O. Bodnar	
Signature:	- Ofodia	∠ Citizen of: U.S.
Inventor three: Jero	ome E. Garcia	
Signature:	Herr & Sarin	Citizen of: U.S.
Inventor four:		
Signature:		Citizen of:

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradomark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

additional form(s) attached hereto.

☐ Additional inventors are being named on \_

Docket	No.	LS/0028	1.01

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PTO/SB/81 (10-00)

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Swinton
Group Art Unit	Unassiqued
Examiner Name	Unassiqued
Attorney Docket Number	LS/0028.01

I hereby appoir	nt:			
OR	ers at Customer Number er(s) named below:	28653	□	Place Customer Number Bar Code Label here
i racidone	Name		Registratio	on Number
John .	A. Smart	•	34,929	II Nutibei
og mylour ettern	ey(s) or agent(s) to prosecu	to the application id	antified above or	ad to troppost oil
	Jnited States Patent and Tra			ic to transact an
X The above-n	ne correspondence address to the cor		fied application to	:
OR				
Firm or Individual Nar	me John A. Smart			
Address				
Address	708 Blossom Hill	Rd., #201		
City	Los Gatos	s	tate CA	Zip 95032-3503
Country	U.S.A.		<u></u>	
Telephone	(408) 395-8819	F	ax (408) 490-2	2853
I am the:  X Applicant/ Assignee	Inventor. of record of the entire intere	st. See 37 CFR 3.7	1.	
Statemen	t under 37 CFR 3.73(b) is ei	nclosed. (Form PTC	)/SB/96).	
	SIGNATURE of A	pplicant or Assigne	of Record	
Name	Jerome E. Garcia	<i></i>		
Signature	Jenne &	Harris	·	
Date	anuary 15, 2002			
	he inventors or assignees of record gnature is required, see below*.	d of the entire interest or	their representative(s	s) are required. Submit multiple
☑ *Total of 3	forms are submitted.			

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Attorney Docket Number	LS/0028.01	
Examiner Name	Unassigned	
Group Art Unit	Unassigned	· · · · · · · · · · · · · · · · · · ·
First Named Inventor	Swinton	
Filing Date		
Application Number		·

Practitioners at Customer Number  OR  Practitioner(s) named below:  Name  Registration Number  John A. Smart  John A. Smart  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Addres	I hereby appoint:		
Practitioner(s) named below:    Name	X Practitioners	at Customer Number 28653	Number Bar Code
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SBI96).  Signature  Name  34, 929  34, 92			Label here
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The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address  Address  City  Los Gatos  State CA  Zip 95032-3503  Country  Telephone  (408) 395-8819  Fax (408) 490-2853  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  William G. Swinton  Signature  Date  January 15, 2002	business in the Unit	ed States Patent and Trademark Office cor	nnected therewith.
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Firm or Individual Name			
Address  Address  Address  Address  Address  Toler Los Gatos  Country  U.S.A.  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  William G. Swinton  Signature  Date  January 15, 2002	OR		
Address  Address  708 Blossom Hill Rd., #201  City  Los Gatos  State  CA  Zip 95032-3503  Country  U.S.A.  Telephone  (408) 395-8819  Fax (408) 490-2853  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest, See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  William G. Swinton  Signature  Date  January 15, 2002		John A. Smart	
City Los Gatos State CA Zip 95032-3503  Country U.S.A.  Telephone (408) 395-8819 Fax (408) 490-2853  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name William G. Swinton  Signature  Date January 15, 2002			
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Telephone (408) 395-8819 Fax (408) 490-2853  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name William G. Swinton  Signature  Date January 15, 2002	City	Los Gatos	State   CA   Zip   95032-3503
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Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  William G. Swinton  Signature  Date  January 15, 2002	I am the:		
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name William G. Swinton  Signature  Date  January 15, 2002	X Applicant/Inv	entor.	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name William G. Swinton  Signature  Date  January 15, 2002		poord of the entire interest S 27 OFF C	71
SIGNATURE of Applicant or Assignee of Record  Name William G. Swinton  Signature  Date  January 15, 2002	Assignee of a	ecord of the entire interest, see 37 GFR 3. ader 37 GFR 3.73(b) is enclosed. (Form PT	 'O/SB/96).
Name William G. Swinton  Signature  Date  January 15, 2002	Oldiomoni ui		
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Date		//////////////////////////////////////	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Date	-	or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below*.	forms if more than one signa	ture is required, see below*.	

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**AUTHORIZATION OF AGENT** 

## Application Number Filing Date First Named Inventor Swinton Group Art Unit Unassigned Examiner Name Unassigned Attorney Docket Number LS/0028.01

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Practition	ier(s) na	med below: Name		1	Renistra	tion Numb	ar	
John	A. Sma			34,	, 929	MON NUMB	SI	
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		r agent(s) to prosecu States Patent and Tra					nsact all	
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OR		<u> </u>						
Firm or Individual Na	ame	John A. Smart						
Address								
Address		708 Blossom Hill	Rd., #201					
City		Los Gatos		State	CA	Zip	95032-3503	
Country		U.S.A.			I .			
Telephone		(408) 395-8819		Fax_	(408) 490	0-2853		
l am the:  X Applican	ıt/Invent	or.						
		ord of the entire interers 737 CFR 3.73(b) is e			3/96).			
		SIGNATURE of A	pplicant or Assign	e of	Record			
Name	Eric C	. Bodnar						
Signature	6	-01	Mich					
Date	Januar	y 15, 2002	Person		,		****	
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☑ *Total of3		ms are submitted.						

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